

DV - Domestic Violence

DV-CUL CULTURAL/SPIRITUAL ASPECTS OF HEALTH

OUTCOME: The patient/family will understand the impact and influences that cultural and spiritual traditions, practices, and beliefs have on health and wellness.

STANDARDS:

1. Discuss the potential role of cultural/spiritual traditions, practices and beliefs in achieving and maintaining health and wellness. Refer to clergy services, traditional healers, or other culturally appropriate resources.
2. Explain that traditional medicines/treatments should be reviewed with the healthcare provider to determine if there are positive or detrimental interactions with prescribed treatment. Explain that the medical treatment plan must be followed as prescribed to be effective.

DV-DP DISEASE PROCESS/CONDITION

OUTCOME: The patient/family will understand that domestic violence is a chronic and preventable condition involving a specific pattern of behaviors, beliefs, attitudes, and feelings.

STANDARDS:

1. Explain that domestic violence can become a chronic condition and has its roots in low-self worth, fears of abandonment or being alone, and can be seeded in early childhood or adolescence. Examples can be: real or imagined abandonment by caretakers, witnessing violence within the family, being a victim of abuse or neglect, having an emotionally-unavailable parent (alcoholic or depressed).
2. Explain co-dependency as it relates to domestic violence. Discuss the patient's and family members' attitudes toward their dependency.
3. Discuss the patient/family member's abusive/violent/controlling behavior and/or pattern of victimization.
4. Discuss the role of alcohol and substance abuse as it relates to domestic violence.
5. Explain that the natural course of domestic violence is one of escalation and that without intervention it will not resolve.

DV-FU FOLLOW-UP

OUTCOME: The patient/family will understand the importance of follow-up and will make a plan to keep follow-up appointments.

STANDARDS:

1. Discuss the importance of follow-up care.
2. Discuss the procedure for obtaining follow-up appointments.
3. Emphasize that appointments should be kept.
4. Discuss the plan of action for situations that are dangerous or life threatening.

DV-IR INFORMATION AND REFERRAL

OUTCOME: The patient/family will receive information and referral for alternative or additional services as needed or desired.

STANDARDS:

1. Provide the patient/family with alternative or additional sources for care and services.
2. Provide the patient/family with assistance in securing alternative or additional resources as needed.

DV-L LITERATURE

OUTCOME: The patient/family will receive literature about domestic violence.

STANDARDS:

1. Provide the patient/family with literature on domestic violence.
2. Discuss the content of the literature.

DV-P PREVENTION

OUTCOME: The patient/family will understand risk factors and behaviors that predispose to domestic violence and develop a plan to avoid relationships and situations which may result in domestic violence.

STANDARDS:

1. Explain predisposing risk factors for domestic violence, including a pathological need for control, alcohol and/or substance abuse, history of child abuse and/or domestic violence in the family of origin, etc.
2. Explain that environmental stressors, physiologic changes, and illnesses may precipitate violent behavior in persons who are predisposed to violent behaviors.
3. Discuss the progression of domestic violence from verbal/emotional abuse such as shouting and name-calling to physical violence such as shoving to injury and death. Explain that the natural course of domestic violence is one of escalation and that without intervention it will not resolve.
4. Discuss how to identify “red flag” behaviors in current or potential partners:

- a. Excessive jealousies and accusations of cheating
 - b. Monitoring time and excessive questioning
 - c. Alienation from friends and family
 - d. Verbal abuse (criticizing, name calling)
 - e. Rummaging through personal belongings
 - f. Other excessive controlling behaviors
5. Develop a plan of care to avoid violent relationships.

DV-PSY PSYCHOTHERAPY

OUTCOME: The patient will understand the goals and process of psychotherapy.

STANDARDS:

1. Review the reason for the initial referral for therapy as part of the care plan.
2. Explain that therapy may include individual, group, psycho-educational /therapeutic, talking circles, or other modalities.
3. Emphasize the importance of keeping all appointments and that full participation and follow-up are critical to treatment success.
4. Emphasize the importance of openness and honesty with the therapist.
5. Discuss issues of safety, confidentiality, and responsibility.
6. Explain to the patient that the therapist and the patient will establish goals and duration of therapy together.

DV-S SAFETY

OUTCOME: The patient, family members, and other victims will understand the pattern of domestic violence, will make a plan to end the violence, will develop a plan to ensure safety of everyone in the environment of violence, and will implement that plan as needed.

STANDARDS:

1. Be sure family members and other victims are aware of shelters and other support options available in their area. Make referrals as appropriate.
2. Review co-dependency. **Refer to DV-DP.**
3. Assist to develop a plan of action that will insure safety of all people in the environment of violence.

DV-SM STRESS MANAGEMENT

OUTCOME: The patient will understand the role of stress management in domestic violence.

STANDARDS:

1. Explain that uncontrolled stress often exacerbates domestic violence.
2. Discuss that stress may exacerbate adverse health behaviors such as increased tobacco, alcohol or other substance use, all of which can increase the risk of domestic violence.
3. Emphasize the importance of seeking professional help as needed to reduce stress.
4. Discuss various stress management strategies which may help maintain a healthy lifestyle. Examples may include:
 - a. Becoming aware of your own reactions to stress
 - b. Recognizing and accepting your limits
 - c. Talking with people you trust about your worries or problems
 - d. Setting realistic goals
 - e. Getting enough sleep
 - f. Maintaining a reasonable diet
 - g. Exercising regularly
 - h. Taking vacations
 - i. Practicing meditation, self-hypnosis, and positive imagery
 - j. Practicing physical relaxation methods such as deep breathing or progressive muscular relaxation
 - k. Participating in spiritual or cultural activities
5. Provide referrals as appropriate.

DV-TX TREATMENT

OUTCOME: The patient/family will understand the co-morbidity of domestic violence with other conditions and the potential long-term interventions which may include psychotherapy, medication, and support groups.

STANDARDS:

1. Review the nature of domestic violence as a treatable condition.
2. Explain that both the patient and the family need to acknowledge and take responsibility for their respective contributions to the family dysfunction.

3. Review the treatment options available, including individual and group therapy as well as the potential risk or contraindications of other options, such as family or couples counseling.
4. Discuss the importance of individual or group psychotherapy in:
 - a. addressing co-dependency
 - b. changing negative cognitions/low self esteem
 - c. healing precipitating childhood and adulthood factors of past abuse, neglect, and abandonment
 - d. treating associated conditions, such as depression and posttraumatic stress disorder